

# KPDES FORM 1

## KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

2003 JUL -7 P 1:00

### PERMIT APPLICATION

RECEIVED BY KPDES BRANCH

This is an application to: (check one)

- ☐ Apply for a new permit.  
☒ Apply for reissuance of expiring permit.  
☐ Apply for a construction permit.  
☐ Modify an existing permit.  
Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Short Form C

For additional information contact:

KPDES Branch (502) 564-3410

<b>I. FACILITY LOCATION AND CONTACT INFORMATION</b>		AGENCY USE							
A. Name of business, municipality, company, etc. requesting permit Hopkinsville Water Environment Authority									
B. Facility Name and Location					C. Facility Owner/Mailing Address				
Facility Location Name:  Hammond Wood Wastewater Treatment Plant					Owner Name:  Hopkinsville Water Environment Authority				
Facility Location Address (i.e. street, road, etc.):  Gary Lane					Mailing Street:  P.O. Box 628				
Facility Location City, State, Zip Code:  Hopkinsville, Kentucky 42240					Mailing City, State, Zip Code:  Hopkinsville, Kentucky 42240				
					Telephone Number: (270) 887-4240				

<b>II. FACILITY DESCRIPTION</b>			
A. Provide a brief description of activities, products, etc: Wastewater Treatment for the City of Hopkinsville			
B. Standard Industrial Classification (SIC) Code and Description			
Principal SIC Code & Description:	4952 - Non Process Industry		
Other SIC Codes:			

<b>III. FACILITY LOCATION</b>	
A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)	
B. County where facility is located: Christian	City where facility is located (if applicable): Hopkinsville
C. Body of water receiving discharge: North Fork of the Little River	
D. Facility Site Latitude (degrees, minutes, seconds): 36d 48' 14"	Facility Site Longitude (degrees, minutes, seconds): 87d 30' 54"
E. Method used to obtain latitude & longitude (see instructions): Location Censor using Microsoft Streets 2002	
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):	

**IV. OWNER/OPERATOR INFORMATION****A. Type of Ownership:**☒ Publicly Owned ☐ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned**B. Operator Contact Information (See instructions)**

Name of Treatment Plant Operator:

Joe Finchum

Telephone Number:

(270) 887-4298

Operator Mailing Address (Street):

Gary Lane

Operator Mailing Address (City, State, Zip Code):

P.O. Box 628 Hopkinsville, Kentucky 42241

Is the operator also the owner?

Yes ☐ No ☒

Is the operator certified? If yes, list certification class and number below.

Yes ☒ No ☐

Certification Class:

III

Certification Number:

7095

**V. EXISTING ENVIRONMENTAL PERMITS**

Current NPDES Number:

KY0066532

Issue Date of Current Permit:

01/01/1999

Expiration Date of Current Permit:

12/31/2003

Number of Times Permit Reissued:

3

Date of Original Permit Issuance:

11/01/1980

Sludge Disposal Permit Number:

Kentucky DOW Operational Permit #:

Kentucky DSMRE Permit Number(s):

C. Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source		
Solid or Special Waste	054-00050	
Hazardous Waste - Registration or Permit		

**VI. DISCHARGE MONITORING REPORTS (DMRs)**

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). The information in this section serves to specifically identify the department, office or individual you designate as responsible for submitting DMR forms to the Division of Water.

A. Name of department, office or official submitting DMRs:

Hopkinsville Water Environment Authority

B. Address where DMR forms are to be sent. (Complete only if address is different from mailing address in Section I.)

DMR Mailing Name:

Jenny Moss

DMR Mailing Street:

P.O. Box 628

DMR Mailing City, State, Zip Code:

Hopkinsville, Kentucky 42241

DMR Official Telephone Number:

(270) 887-4147


## VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount. Descriptions of the base fee amounts are given in the "General Instructions."

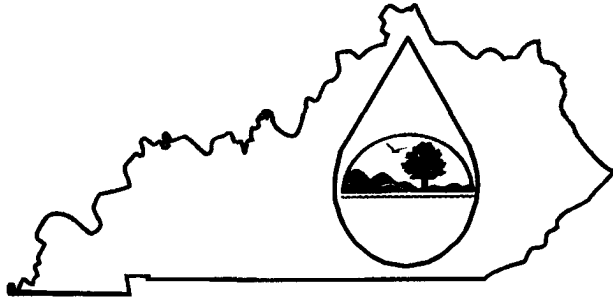
Facility Fee Category:	Filing Fee Enclosed:
Public Owned Treatment Works (No Fee Due)	\$ 0.00

## VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Len Hale, General Manager	(270) 887-4240
SIGNATURE 	DATE: <i>June 30, 2003</i>

# KPDES FORM A



## KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

2003 JUL -7 P 1:00

### PERMIT APPLICATION

RECEIVED BY KPDES BRANCH

A complete application consists of this form and Form 1.  
For additional information, contact KPDES Branch (502) 564-3410.

<b>I. FACILITY DESCRIPTION</b>	<b>AGENCY USE</b>							
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<b>A. Name of Facility Where Discharge Will Occur:</b> Hammond Wood Wastewater Treatment Plant	<b>Owner of Facility:</b> Hopkinsville Water Environment Authority
<b>Location - Number and Street or Other Identifier:</b> Gary Lane	<b>County:</b> Christian
<b>City:</b> Hopkinsville, Kentucky	

<b>B. Indicate if part of your discharge is into a municipal waste transport system under another responsible organization.</b> Yes <input type="checkbox"/> (Continue)      No <input checked="" type="checkbox"/> (Go to C)	
<b>Name of organization receiving discharge:</b>	
<b>Address: (Number and Street):</b>	<b>City:</b>
<b>State:</b>	<b>Zip Code:</b>
<b>Name of Facility (waste treatment plant) which ultimately receives discharge:</b>	
<b>Give your average daily flow into the receiving facility in mgd:</b> mgd	

<b>C. Discharge (See instructions)</b>		
<b>Discharge To</b>	<b>Number of Discharge Points</b>	<b>Total Volume Discharged (mgd)</b>
Surface Water	1	6.0 MGD (Design)
Surface Impoundment With No Effluent		
Underground Percolation		
Well (Injection)		
Other (Describe):		

<b>D. Intermittent discharges (see instructions)</b>		
<b>Number of Bypass Points:</b> 0	<b>Overflow Points:</b> 0	<b>Number of Seasonal Discharge Points:</b> 0

## FACILITY DESCRIPTION (Continued)

E. Indicate the type and length (in feet) of the collection system used by this facility. (See instructions)	
Collection System Type: Sanitary	Length (feet): 775,000
F. Municipalities or Area Served (See instructions)	
NAME	ACTUAL POPULATION SERVED
Hopkinsville	22,800 Design
Pembroke	700 (estimate)
Total population served:	

Total estimated average daily waste flow from all industrial sources: 1.20 MGD

G. Maps and drawings (See instructions - Figure A and B)

H. Additional information (Attach additional sheets if needed)

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<b>II. BASIC DISCHARGE DESCRIPTION</b>	
A. Discharge Serial Number: 001	Discharge Name (if any)
Previous Discharge Serial Number (if any)	
B. Discharge Operating Dates: Beginning Date (yy/mm)	
If facility is scheduled to discontinue within the next five years give end date (year/month) and reason for discontinuing discharge:	
C. Specify type of discharge point (See instructions) Surface Water	
D. Latitude and longitude of discharge point	
Latitude (degrees/minutes/seconds): 36d 48' 14"	Longitude (degrees/minutes/seconds): 87d 30' 54"
E. Name the waterway at the point of discharge (See instructions): North Fork of the Little River	

## II. BASIC DISCHARGE DESCRIPTION (continued)

Complete Items F, G, or H as applicable: ☒ Not applicable

F. If discharge is from a bypass point:	WET WEATHER	DRY WEATHER
Check when bypass occurs:	<input type="checkbox"/>	<input type="checkbox"/>
Give the number of bypass incidents	per year	per year
Give the average duration of bypass	hours	hours
Give the average volume per incident	1,000 gallons	1,000 gallons

Give reasons why bypass occurs:

G. If discharge is from an overflow point:	WET WEATHER	DRY WEATHER
Check when overflow occurs	<input type="checkbox"/>	<input type="checkbox"/>
Give the number of overflow incidents:	per year	per year
Give average duration of overflow:	hours	hours
Give average volume per incident	1,000 gallons	1,000 gallons

H. If discharge is intermittent from a holding pond, lagoon, etc: ☒ Not applicable

Give the number of times this discharge occurs per year:	
Give the average volume per discharge occurrence:	(1,000 gallons)
Give the average duration of each discharge:	(days)
List month(s) when the discharge occurs:	

I. Describe treatment units which apply to this discharge:

Screening, grit removal, oxidation ditch, primary clarification, secondary clarification, ultra violet disinfection, post aeration and flow measurement

Using the codes listed in Table I of the instructions, describe in order of occurrence the treatment units applied (see example with Table)

S, G, APO/C, N, P, ASS, M

Describe the sludge handling and disposal methods. (Please indicate disposal site.)

Sludge thickening, aerobic digestion, belt filter press - hauled off to composting facility

J. Check if the following are currently available:

☒ Engineering Design Report

☒ Operation and Maintenance Manual

## II. BASIC DISCHARGE DESCRIPTION (continued)

### K. Plant design data

Plant design flow:	6.00 mgd
Plant design 5-day BOD removal:	93 %
Plant design N removal:	86 %
Plant design P removal:	%
Plant design SS removal:	91 %
Plant began operation:	1983 (year)
Plant last major revision:	1994 (year)

### K. Description of influent and effluent (see instructions)

PARAMETER AND CODE	INFLUENT	EFFLUENT					
	Annual Average Value (1)	Annual Average Value (2)	Lowest Monthly Average Value (3)	Highest Monthly Average Value (4)	Frequency of Analysis (5)	Number of Analyses (6)	Sample Type (7)
50050 Flow Million gallons per day	2.885	2.819	1.902	4.143	Cont.	365	N/A
00400 pH Units			7.2	8.2	3/7	156	Grab
74028 Temperature (winter) °F							
74027 Temperature (summer) °F							
75054 Fecal Streptococci Bacteria Number/100 ml (Provide if available)							
74055 Fecal Coliform Bacteria Number/100 ml (Provide if available)				53.7	3/7	156	Grab
74056 Total Coliform Bacteria Number/100 ml (Provide if available)							
00310 BOD mg/l	167	1.5	0.7	3.5	3/7	156	24 hr
00340 Chemical Oxygen Demand (COD) (Provide if available) OR 00685 Total Organic Carbon (TOC) (Provide if available)							
50060 Chlorine - Total Residual mg/l							
00500 Total Solids mg/l							
70300 Total Dissolved Solids mg/l							
00530 Total Suspended Solids mg/l	152	2.4	1.3	4.8	3/7	156	24 hr

**III. BASIC DISCHARGE DESCRIPTION Description of influent and effluent (continued)**

PARAMETER AND CODE		INFLUENT	EFFLUENT					
		Annual Average Value (1)	Annual Average Value (2)	Lowest Monthly Average Value (3)	Highest Monthly Average Value (4)	Frequency of Analysis (5)	Number of Analyses (6)	Sample Type (7)
00545	Settleable Matter (Residue) ml/l							
00610	Ammonia (asN)* mg/l	13.9	0.26	0.1	1.0	3/7	156	24 hr
00625	Kjeldahl Nitrogen* mg/l							
00615	Nitrite (as N)* mg/l							
00620	Nitrate (as N)* mg/l							
00665	Phosphorus Total (as P)* mg/l							
00300	Dissolved Oxygen (DO) mg/l		8.7	7.2	10.2	3/7	156	Grab
01092	Zinc - Total mg/l	0.122	0.075	0.023	0.120	Quarterly	4	24 hr
00940	Chloride mg/l							
Hardness - Total (as CaCO <sub>3</sub> ) mg/l			171	158	180	Quarterly	4	24 hr

\* Provide if available

**M. Additional wastewater characteristics (Check box next to each parameter if it is present in the effluent.)**

PARAMETER (215)		PARAMETER (215)		PARAMETER (215)	
<input type="checkbox"/>	Bromide 71870	<input type="checkbox"/>	Cobalt 01037	<input type="checkbox"/>	Thallium 01059
<input type="checkbox"/>	Cyanide 00720	<input type="checkbox"/>	Chromium 01034	<input type="checkbox"/>	Titanium 01152
<input type="checkbox"/>	Fluoride 00951	<input checked="" type="checkbox"/>	Copper 01042	<input type="checkbox"/>	Tin 01102
<input type="checkbox"/>	Sulfide 00745	<input checked="" type="checkbox"/>	Iron 01045	<input type="checkbox"/>	Algicides* 74051
<input type="checkbox"/>	Aluminum 01105	<input type="checkbox"/>	Lead 01051	<input type="checkbox"/>	Chlorinated organic compounds* 74052
<input type="checkbox"/>	Antimony 01097	<input type="checkbox"/>	Manganese 01055	<input type="checkbox"/>	Oil and grease 00550
<input type="checkbox"/>	Arsenic 01002	<input type="checkbox"/>	Mercury 71900	<input type="checkbox"/>	Pesticides* 00550
<input type="checkbox"/>	Beryllium 01012	<input type="checkbox"/>	Molybdenum 01062	<input type="checkbox"/>	Phenols 32730
<input type="checkbox"/>	Barium 01007	<input checked="" type="checkbox"/>	Nickel 01067	<input type="checkbox"/>	Surfactants 38260
<input type="checkbox"/>	Boron 10122	<input type="checkbox"/>	Selenium 01147	<input type="checkbox"/>	Radioactivity* 74050
<input type="checkbox"/>	Cadmium 01027	<input checked="" type="checkbox"/>	Silver 01077		

\* Provide specific compound and/or element in Part O of this application, if known.

Pesticides (Insecticides, fungicides, and rodenticides) must be reported in terms of the acceptable common names specified in *Acceptable Common Names and Chemical Names for the Ingredient Statement on Pesticide Labels, 2<sup>nd</sup> Edition*, Environmental Protection Agency, Washington, D.C. 20250, June 1972, as required by Subsection 162.7(b) of the Regulations for the Enforcement of the Federal Insecticide, Fungicide, and Rodenticide Act.



## II. BASIC DISCHARGE DESCRIPTION (Continued)

N. Is there an alternative power source for major pumping facility including those for collection system lift stations?

☒ Yes      ☐ No

Is there an alarm for power or equipment failure? ☒ Yes ☐ No

O. Additional information:

[illegible]

### III. SCHEDULED IMPROVEMENTS AND SCHEDULES OF IMPLEMENTATION (See Instructions)

A. Improvements required:

1. List the discharge serial numbers, assigned in Item II, that are covered by this implementation schedule.

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2. List the authority or authorities which ordered the improvements (See instructions).

3. Specify the 3-character code from Table II, General Action Description, that best describes the improvements required by the implementation schedule. Also list all the Specific Action, 3-character codes which describe in more detail the pollution abatement practices that the implementation schedule requires.

General Action Description			
Specific Action Description(s)			

**B. Provide dates imposed by schedule and actual completion dates for implementation steps listed.**

Implementation Step	Scheduled Completion (Year/Month/Day)	Actual Completion (Year/Month/Day)
Preliminary plan completion		
Final plan completion		
Financing complete and contract award		
Site acquisition		
Start of construction		
End of Construction		
Start of discharge		
Attainment of operational level		

**TO BE COMPLETED FOR EACH MAJOR INDUSTRIAL CONTRIBUTOR**

**IV. INDUSTRIAL WASTE CONTRIBUTION TO MUNICIPAL SYSTEM (See Instructions)**

A. Name of Major Contributing Facility:

Amfine Chemical Company

Number and Street:

6805 John Rivers Road

City, State, Zip Code:

Pembroke, Kentucky 42266

County:

Christian

B. Primary Standard Industrial Classification Code:

2869

C. Principal product or raw material (see instructions).

		Quantity	Units (See Table III)
Product	Bulk Organic Chemicals	Confidential	
Raw Material			

Brief description of production process:

Organic Chemical Manufacturing

D. Indicate volume of water discharged into the municipal system:

18,100 (gallons per day)

Is discharge:

☐ Continuous

☒ Intermittent

E. Is pretreatment provided prior to entering the municipal system?

☒ Yes

☐ No

F. Characteristics of wastewater (see instructions).

Parameter Name	pH	BOD	TSS	CU	FE	NI	
Parameter Number	00400	00310	00530	01042	01045	01067	
Value	7.70	63.0	94.0	0.026	15.00	0.021	
Parameter Name							
Parameter Number							
Value							

**TO BE COMPLETED FOR EACH MAJOR INDUSTRIAL CONTRIBUTOR**

**IV. INDUSTRIAL WASTE CONTRIBUTION TO MUNICIPAL SYSTEM (See Instructions)**

A. Name of Major Contributing Facility:  
United States Smokeless Tobacco Manufacturing Limited Partnership

Number and Street:  
1600 North Main Street

City, State, Zip Code:  
Hopkinsville, Kentucky 42240

County:  
Christian

B. Primary Standard Industrial Classification Code:  
2141, 2131

C. Principal product or raw material (see instructions).

		Quantity	Units (See Table III)
Product	Smokeless Tobacco	Confidential	
Raw Material	Tobacco		

Brief description of production process:  
Smokeless Tobacco Manufacturing

D. Indicate volume of water discharged into the municipal system:  
60,000 (gallons per day)

Is discharge: ☒ Continuous ☐ Intermittent

E. Is pretreatment provided prior to entering the municipal system?  
☒ Yes ☐ No

F. Characteristics of wastewater (see instructions).

Parameter Name	pH	BOD	TSS	NH3N	Oil & Grease		
Parameter Number	00400	00310	00530	00610	00550		
Value	7.23	136.42	10.66	12.88	11.00		
Parameter Name							
Parameter Number							
Value							

**TO BE COMPLETED FOR EACH MAJOR INDUSTRIAL CONTRIBUTOR**

**IV. INDUSTRIAL WASTE CONTRIBUTION TO MUNICIPAL SYSTEM (See Instructions)**

A. Name of Major Contributing Facility: Ebonite International, Inc.	
Number and Street: 1813 West 7 <sup>th</sup> Street	
City, State, Zip Code: Hopkinsville, Kentucky 42240	
County: Christian	

B. Primary Standard Industrial Classification Code: 3949, 4452
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C. Principal product or raw material (see instructions).

	Product	Quantity	Units (See Table III)
	Bowling Balls	Confidential	
Raw Material			

Brief description of production process:  
Bowling Ball Manufacturing

D. Indicate volume of water discharged into the municipal system: 6,000 (gallons per day)	
Is discharge: <input checked="" type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	
E. Is pretreatment provided prior to entering the municipal system? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

F. Characteristics of wastewater (see instructions).

Parameter Name	pH	BOD	TSS	NH3N	Oil & Grease		
Parameter Number	00400	00310	00530	00610	00550		
Value	8.22	578.00	517.60	55.55	46.0		
Parameter Name							
Parameter Number							
Value							

**TO BE COMPLETED FOR EACH MAJOR INDUSTRIAL CONTRIBUTOR**

**IV. INDUSTRIAL WASTE CONTRIBUTION TO MUNICIPAL SYSTEM (See Instructions)**

A. Name of Major Contributing Facility:

Freudenberg Nonwovens

Number and Street:

2975 Pembroke Road

City, State, Zip Code:

Hopkinsville, Kentucky 42240

County:

Christian

B. Primary Standard Industrial Classification Code:

2297

C. Principal product or raw material (see instructions).

		Quantity	Units (See Table III)
Product	Nonwoven Fabric	Confidential	
Raw Material	Synthetic fiber, Chemical binders, and additives		

Brief description of production process:

Jeans Manufacturing

D. Indicate volume of water discharged into the municipal system:

54,000 (gallons per day)

Is discharge:

☒ Continuous

☐ Intermittent

E. Is pretreatment provided prior to entering the municipal system?

☒ Yes

☐ No

F. Characteristics of wastewater (see instructions).

Parameter Name	pH	BOD	TSS				
Parameter Number	00400	00310	00530				
Value	7.65	13.91	170.125				
Parameter Name							
Parameter Number							
Value							

**TO BE COMPLETED FOR EACH MAJOR INDUSTRIAL CONTRIBUTOR**

**IV. INDUSTRIAL WASTE CONTRIBUTION TO MUNICIPAL SYSTEM (See Instructions)**

A. Name of Major Contributing Facility:  
Elk Brand Manufacturing Company

Number and Street:  
1010 South Campbell Street

City, State, Zip Code:  
Hopkinsville, Kentucky 42240

County:  
Christian

B. Primary Standard Industrial Classification Code:  
2328

C. Principal product or raw material (see instructions).

		Quantity	Units (See Table III)
Product	Jeans	Confidential	
Raw Material	Fabric		

Brief description of production process:  
Jeans Manufacturing

D. Indicate volume of water discharged into the municipal system: 24,000 (gallons per day)

Is discharge: ☒ Continuous ☐ Intermittent

E. Is pretreatment provided prior to entering the municipal system? ☒ Yes ☐ No

F. Characteristics of wastewater (see instructions).

Parameter Name	pH	NH3N	TSS	BOD	MN		
Parameter Number	00400	00610	00530	00310	01055		
Value	7.29	6.58	254.42	669.78	34.0		
Parameter Name							
Parameter Number							
Value							

**TO BE COMPLETED FOR EACH MAJOR INDUSTRIAL CONTRIBUTOR**

**IV. INDUSTRIAL WASTE CONTRIBUTION TO MUNICIPAL SYSTEM (See Instructions)**

A. Name of Major Contributing Facility:  
Flynn Enterprises, Inc.

Number and Street:  
1121 Skyline Drive

City, State, Zip Code:  
Hopkinsville, Kentucky 42240

County:  
Christian

B. Primary Standard Industrial Classification Code:  
2389

C. Principal product or raw material (see instructions).

		Quantity	Units (See Table III)
Product	Jeans	Confidential	
Raw Material	Fabric		

Brief description of production process:  
Jeans Manufacturing

D. Indicate volume of water discharged into the municipal system: 690,000 (gallons per day)

Is discharge: ☒ Continuous ☐ Intermittent

E. Is pretreatment provided prior to entering the municipal system? ☒ Yes ☐ No

F. Characteristics of wastewater (see instructions).

Parameter Name	pH	NH3N	TSS	BOD			
Parameter Number	00400	00610	00530	00310			
Value	7.04	4.65	101.8	775.0			
Parameter Name							
Parameter Number							
Value							

**TO BE COMPLETED FOR EACH MAJOR INDUSTRIAL CONTRIBUTOR**

**IV. INDUSTRIAL WASTE CONTRIBUTION TO MUNICIPAL SYSTEM (See Instructions)**

A. Name of Major Contributing Facility:  
 Bulkmatic Transport Company

Number and Street:  
 1800 Frank Yost Lane

City, State, Zip Code:  
 Hopkinsville, Kentucky 42240

County:  
 Christian

B. Primary Standard Industrial Classification Code:  
 4231, 7542

C. Principal product or raw material (see instructions).

	Quantity	Units (See Table III)
Product		
Raw Material		

Brief description of production process:  
 Tractor / Tractor Washing & Maintenance

D. Indicate volume of water discharged into the municipal system:  
 6,000 (gallons per day)

Is discharge: ☒ Continuous ☐ Intermittent

E. Is pretreatment provided prior to entering the municipal system?  
☒ Yes ☐ No

F. Characteristics of wastewater (see instructions).

Parameter Name	pH	Oil & Grease	TSS	BOD			
Parameter Number	00400	00550	00530	00310			
Value	7.37	4.6	278.00	1347.20			
Parameter Name							
Parameter Number							
Value							



**TO BE COMPLETED FOR EACH MAJOR INDUSTRIAL CONTRIBUTOR**

**IV. INDUSTRIAL WASTE CONTRIBUTION TO MUNICIPAL SYSTEM (See Instructions)**

A. Name of Major Contributing Facility:

Hampton Meats Processing Plant

Number and Street:

Pembroke Road

City, State, Zip Code:

Hopkinsville, Kentucky 42240

County:

Christian

B. Primary Standard Industrial Classification Code:

2011

C. Principal product or raw material (see instructions).

		Quantity	Units (See Table III)
Product	Processed Meats	Confidential	
Raw Material	Livestock		

Brief description of production process:

D. Indicate volume of water discharged into the municipal system:

1,000 (gallons per day)

Is discharge:

☒ Continuous

☐ Intermittent

E. Is pretreatment provided prior to entering the municipal system?

☐ Yes

☒ No

F. Characteristics of wastewater (see instructions).

Parameter Name	pH	Oil & Grease	TSS	NH3N	BOD		
Parameter Number	00400	00550	00530	00610	00310		
Value	7.92	57.0	240.11	19.04	591.0		
Parameter Name							
Parameter Number							
Value							

**TO BE COMPLETED FOR EACH MAJOR INDUSTRIAL CONTRIBUTOR**

**IV. INDUSTRIAL WASTE CONTRIBUTION TO MUNICIPAL SYSTEM (See Instructions)**

A. Name of Major Contributing Facility: City of Hopkinsville Landfill
Number and Street: 5665 Mt. Zoar-Latham Road
City, State, Zip Code: Hopkinsville, Kentucky 42240
County: Christian

B. Primary Standard Industrial Classification Code: 4953
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C. Principal product or raw material (see instructions).

	Quantity	Units (See Table III)
Product		
Raw Material		

Brief description of production process:  
Leachate Collection

D. Indicate volume of water discharged into the municipal system: <div style="text-align: right;">21,600 (gallons per day)</div>
Is discharge: <input type="checkbox"/> Continuous <input checked="" type="checkbox"/> Intermittent
E. Is pretreatment provided prior to entering the municipal system? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

F. Characteristics of wastewater (see instructions).

Parameter Name	pH	PB	TSS	NH3N	FE	BOD	
Parameter Number	00400	01051	00530	00610	01045	00310	
Value	7.82	0.005	112.48	44.21	18.9	191.40	
Parameter Name							
Parameter Number							
Value							

**TO BE COMPLETED FOR EACH MAJOR INDUSTRIAL CONTRIBUTOR**

**IV. INDUSTRIAL WASTE CONTRIBUTION TO MUNICIPAL SYSTEM (See Instructions)**

<b>A. Name of Major Contributing Facility:</b> Venture, Inc.
<b>Number and Street:</b> 2400 Bradshaw Road
<b>City, State, Zip Code:</b> Hopkinsville, Kentucky 42240
<b>County:</b> Christian

<b>B. Primary Standard Industrial Classification Code:</b> 3714
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C. Principal product or raw material (see instructions).

	Product	Quantity	Units (See Table III)
	Automotive Facias	Confidential	
	Raw Material		

Brief description of production process:  
Plastics Molding and Coating

<b>D. Indicate volume of water discharged into the municipal system:</b> 72,000 (gallons per day)
Is discharge: <input type="checkbox"/> Continuous <input checked="" type="checkbox"/> Intermittent
<b>E. Is pretreatment provided prior to entering the municipal system?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

F. Characteristics of wastewater (see instructions).

Parameter Name	pH	CR	TSS	CU	FE	NI	BOD
Parameter Number	00400	01027	00530	01042	01045	01067	00310
Value	7.05	0.015	20.6	0.015	3.44	0.005	191.40
Parameter Name							
Parameter Number							
Value							

**TO BE COMPLETED FOR EACH MAJOR INDUSTRIAL CONTRIBUTOR**

**IV. INDUSTRIAL WASTE CONTRIBUTION TO MUNICIPAL SYSTEM (See Instructions)**

<b>A. Name of Major Contributing Facility:</b> Meritor Suspension System
<b>Number and Street:</b> 102 Bill Bryan Boulevard
<b>City, State, Zip Code:</b> Hopkinsville, Kentucky 42240
<b>County:</b> Christian

<b>B. Primary Standard Industrial Classification Code:</b> 3493
--

C. Principal product or raw material (see instructions).

		Quantity	Units (See Table III)
Product	Torsion Bars	Confidential	
	Stabilizer Bars	Confidential	
Raw Material			

Brief description of production process:  
Metal Finishing

<b>D. Indicate volume of water discharged into the municipal system:</b> 30,000 (gallons per day)
Is discharge: <input checked="" type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
<b>E. Is pretreatment provided prior to entering the municipal system?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

F. Characteristics of wastewater (see instructions).

Parameter Name	pH	CR	CD	CU	PB	NI	AG
Parameter Number	00400	01027	01027	01042	01051	01067	01077
Value	7.74	0.005	0.001	0.031	0.005	0.2155	0.005
Parameter Name	ZN	CN	TSS	Oil & Grease	FE		
Parameter Number	01092	00720	00530	00550	01045		
Value	0.137	0.010	36.5	7.0	0.431		

**TO BE COMPLETED FOR EACH MAJOR INDUSTRIAL CONTRIBUTOR**

**IV. INDUSTRIAL WASTE CONTRIBUTION TO MUNICIPAL SYSTEM (See Instructions)**

A. Name of Major Contributing Facility:  
Copar, Inc.

Number and Street:  
210 Bill Bryan Boulevard

City, State, Zip Code:  
Hopkinsville, Kentucky 42240

County:  
Christian

B. Primary Standard Industrial Classification Code:  
3714

C. Principal product or raw material (see instructions).

		Quantity	Units (See Table III)
Product	Industrial Radiators	Confidential	
Raw Material			

Brief description of production process:  
Metal Finishing

D. Indicate volume of water discharged into the municipal system: 19,000 (gallons per day)

Is discharge: ☒ Continuous ☐ Intermittent

E. Is pretreatment provided prior to entering the municipal system? ☒ Yes ☐ No

F. Characteristics of wastewater (see instructions).

Parameter Name	pH	CR	CD	CU	PB	NI	AG
Parameter Number	00400	01027	01027	01042	01051	01067	01077
Value	8.00	0.005	0.001	0.005	0.007	0.005	0.001
Parameter Name	ZN	CN	TSS	Oil & Grease	NH3N		
Parameter Number	01092	00720	00530	00550	00610		
Value	0.181	0.001	3.314	6.7	10.75		

**TO BE COMPLETED FOR EACH MAJOR INDUSTRIAL CONTRIBUTOR**

**IV. INDUSTRIAL WASTE CONTRIBUTION TO MUNICIPAL SYSTEM (See Instructions)**

A. Name of Major Contributing Facility:  
 Superior Graphite Company (I)

Number and Street:  
 4021 Calvin Drive

City, State, Zip Code:  
 Hopkinsville, Kentucky 42240

County:  
 Christian

B. Primary Standard Industrial Classification Code:  
 3295, 2911

C. Principal product or raw material (see instructions).

		Quantity	Units (See Table III)
Product	Carbon Products	Confidential	
Raw Material			

Brief description of production process:  
 Petroleum Refining

D. Indicate volume of water discharged into the municipal system:  
 58000 (gallons per day)

Is discharge: ☒ Continuous ☐ Intermittent

E. Is pretreatment provided prior to entering the municipal system?  
☒ Yes ☐ No

F. Characteristics of wastewater (see instructions).

Parameter Name	pH	CR		CU	PB	NI	
Parameter Number	00400	01027		01042	01051	01067	
Value	8.05	0.005		0.174	0.005	0.041	
Parameter Name	ZN	MN	TSS	Oil & Grease	FE	BOD	
Parameter Number	01092	0.1055	00530	00550	01045	00310	
Value	0.062	0.041	34.6	4.0	1.204	46.08	

**TO BE COMPLETED FOR EACH MAJOR INDUSTRIAL CONTRIBUTOR**

**IV. INDUSTRIAL WASTE CONTRIBUTION TO MUNICIPAL SYSTEM (See Instructions)**

A. Name of Major Contributing Facility:  
 ThyssenKrupp Hopkinsville (Formerly The Budd Company)

Number and Street:  
 1500 Frank Yost Lane

City, State, Zip Code:  
 Hopkinsville, Kentucky 42240

County:  
 Christian

B. Primary Standard Industrial Classification Code:  
 3465

C. Principal product or raw material (see instructions).

		Quantity	Units (See Table III)
Product	E-coated Parts	Confidential	
Raw Material			

Brief description of production process:  
 Automotive Stamping & Assemblies

D. Indicate volume of water discharged into the municipal system:  
 28500 (gallons per day)

Is discharge: ☒ Continuous ☐ Intermittent

E. Is pretreatment provided prior to entering the municipal system?  
☒ Yes ☐ No

F. Characteristics of wastewater (see instructions).

Parameter Name	pH	CR	CD	CU	PB	NI	AG
Parameter Number	00400	01027	01034	01042	01051	01067	01077
Value	8.24	0.005	0.005	0.009	0.005	0.113	0.001
Parameter Name	ZN	CN	TSS	Oil & Grease	FE	BOD	NH3N
Parameter Number	01092	00720	00530	00550	01045	00310	00610
Value	0.049	0.000	44.3	17.00	0.319	132.00	0.732

**TO BE COMPLETED FOR EACH MAJOR INDUSTRIAL CONTRIBUTOR**

**IV. INDUSTRIAL WASTE CONTRIBUTION TO MUNICIPAL SYSTEM (See Instructions)**

A. Name of Major Contributing Facility: Dana Corporation
Number and Street: 301 Bill Bryan Boulevard
City, State, Zip Code: Hopkinsville, Kentucky 42240
County: Christian

B. Primary Standard Industrial Classification Code: 2714
---

C. Principal product or raw material (see instructions).

	Product	Quantity	Units (See Table III)
	Saturn, Mercedes Frames	Confidential	
	Raw Material		

Brief description of production process:  
Metal Finishing, Metal Forming

D. Indicate volume of water discharged into the municipal system: 36600 (gallons per day)
Is discharge: <input checked="" type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
E. Is pretreatment provided prior to entering the municipal system? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

F. Characteristics of wastewater (see instructions).

Parameter Name	pH	CR	CD	CU	PB	NI	AG
Parameter Number	00400	01027	01034	01042	01051	01067	01077
Value	8.355	0.001	0.011	0.021	0.005	0.232	0.001
Parameter Name	ZN	CN	TSS	Oil & Grease			
Parameter Number	01092	00720	00530	00550			
Value	0.024	0.001	56.8	30.00			



**TO BE COMPLETED FOR EACH MAJOR INDUSTRIAL CONTRIBUTOR**

**IV. INDUSTRIAL WASTE CONTRIBUTION TO MUNICIPAL SYSTEM (See Instructions)**

A. Name of Major Contributing Facility:  
 Superior Graphite Company (II)

Number and Street:  
 4059 Calvin Drive

City, State, Zip Code:  
 Hopkinsville, Kentucky 42240

County:  
 Christian

B. Primary Standard Industrial Classification Code:  
 3295, 2911

C. Principal product or raw material (see instructions).

		Quantity	Units (See Table III)
Product	Silicon Carbide	Confidential	
Raw Material			

Brief description of production process:  
 Petroleum Refining

D. Indicate volume of water discharged into the municipal system:  
 12000 (gallons per day)

Is discharge: ☒ Continuous ☐ Intermittent

E. Is pretreatment provided prior to entering the municipal system?  
☒ Yes ☐ No

F. Characteristics of wastewater (see instructions).

Parameter Name	pH	CR		CU	PB	NI	
Parameter Number	00400	01027		01042	01051	01067	
Value	7.99	0.024		0.062	0.005	0.021	
Parameter Name	ZN	MN	TSS	Oil & Grease	FE	BOD	
Parameter Number	01092	01055	00530	00550	01045	00310	
Value	0.028	0.021	34.66	3.6	2.508	36.2	

**TO BE COMPLETED FOR EACH MAJOR INDUSTRIAL CONTRIBUTOR**

**IV. INDUSTRIAL WASTE CONTRIBUTION TO MUNICIPAL SYSTEM (See Instructions)**

A. Name of Major Contributing Facility:  
Emhart Fastening Teknologies

Number and Street:  
1915 Pembroke Road

City, State, Zip Code:  
Hopkinsville, Kentucky 42240

County:  
Christian

B. Primary Standard Industrial Classification Code:  
3452

C. Principal product or raw material (see instructions).

		Quantity	Units (See Table III)
Product	Pop Rivets	Confidential	
Raw Material	Copper, Steel, Aluminum		

Brief description of production process:  
Metal Forming

D. Indicate volume of water discharged into the municipal system:  
76500 (gallons per day)

Is discharge: ☒ Continuous ☐ Intermittent

E. Is pretreatment provided prior to entering the municipal system?  
☒ Yes ☐ No

F. Characteristics of wastewater (see instructions).

Parameter Name	pH	CR	CD	CU	PB	NI	AG
Parameter Number	00400	01027	01034	01042	01051	01067	01077
Value	7.65	0.001	0.008	0.023	0.005	0.074	0.001
Parameter Name	ZN	CN	TSS				
Parameter Number	01092	00720	00530				
Value	0.238	0.005	24.8				

**TO BE COMPLETED FOR EACH MAJOR INDUSTRIAL CONTRIBUTOR**

**IV. INDUSTRIAL WASTE CONTRIBUTION TO MUNICIPAL SYSTEM (See Instructions)**

<b>A. Name of Major Contributing Facility:</b> Plymouth Tube Extruded Shapes	
<b>Number and Street:</b> 201 Commerce Court	
<b>City, State, Zip Code:</b> Hopkinsville, Kentucky 42240	
<b>County:</b> Christian	

<b>B. Primary Standard Industrial Classification Code:</b> 3317, 3399, 3356
--

C. Principal product or raw material (see instructions).

		Quantity	Units (See Table III)
Product	Iron & Steel Products	Confidential	
Raw Material			

Brief description of production process:  
Non-Ferrous Metal Forming

<b>D. Indicate volume of water discharged into the municipal system:</b> 18,600 (gallons per day)	
Is discharge: <input type="checkbox"/> Continuous <input checked="" type="checkbox"/> Intermittent	
<b>E. Is pretreatment provided prior to entering the municipal system?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

F. Characteristics of wastewater (see instructions).

Parameter Name	pH	CR	FE	PB	Ni	Zn	Cn
Parameter Number	00400	01034	01045	01051	01367	01092	00720
Value	9.34	0.023	0.115	0.007	0.092	0.010	0.010
Parameter Name	NH3N						
Parameter Number	00610						
Value	5.58						

**TO BE COMPLETED FOR EACH MAJOR INDUSTRIAL CONTRIBUTOR**

**IV. INDUSTRIAL WASTE CONTRIBUTION TO MUNICIPAL SYSTEM (See Instructions)**

<b>A. Name of Major Contributing Facility:</b> Metokote Corporation - Plant 02
<b>Number and Street:</b> 400 Mitsubishi Lane
<b>City, State, Zip Code:</b> Hopkinsville, Kentucky 42240
<b>County:</b> Christian

<b>B. Primary Standard Industrial Classification Code:</b> 3479
--

C. Principal product or raw material (see instructions).

	Product	Quantity	Units (See Table III)
	E-Coated Parts	Confidential	
	Powder Coated Parts	Confidential	
	Raw Material		

Brief description of production process:  
Metal Finishing

<b>D. Indicate volume of water discharged into the municipal system:</b> <div style="text-align: right;">28,000 (gallons per day)</div>
<b>Is discharge:</b> <div style="display: flex; justify-content: space-around;"> <span><input type="checkbox"/> Continuous</span> <span><input checked="" type="checkbox"/> Intermittent</span> </div>
<b>E. Is pretreatment provided prior to entering the municipal system?</b> <div style="display: flex; justify-content: space-around;"> <span><input checked="" type="checkbox"/> Yes</span> <span><input type="checkbox"/> No</span> </div>

F. Characteristics of wastewater (see instructions).

Parameter Name	pH	CD	CU	CR	PB	NI	AG
Parameter Number	00400	01027	01034	01042	01051	01067	01077
Value	8.956	0.001	0.022	0.010	0.005	0.0418	0.001
Parameter Name	ZN	CN	TSS	OIL & GREASE			
Parameter Number	0.01092	00720	00530	00550			
Value	0.172	0.015	43.825	18.00			

**TO BE COMPLETED FOR EACH MAJOR INDUSTRIAL CONTRIBUTOR**

**IV. INDUSTRIAL WASTE CONTRIBUTION TO MUNICIPAL SYSTEM (See Instructions)**

**A. Name of Major Contributing Facility:**

Wal-Mart RDC # 6066

**Number and Street:**

Fort Campbell Boulevard

**City, State, Zip Code:**

Hopkinsville, Kentucky 42240

**County:**

Christian

**B. Primary Standard Industrial Classification Code:**

49311

**C. Principal product or raw material (see instructions).**

	Quantity	Units (See Table III)
Product		
Raw Material		

Brief description of production process:

Truck Washing Facility

**D. Indicate volume of water discharged into the municipal system:**

36,000 (gallons per day)

Is discharge:

☒ Continuous

☐ Intermittent

**E. Is pretreatment provided prior to entering the municipal system?**

☒ Yes

☐ No

**F. Characteristics of wastewater (see instructions).**

Parameter Name	pH	Oil & Grease	BOD	TSS			
Parameter Number	00400	00550	00310	00			
Value	7.58	60	146	65.00			
Parameter Name							
Parameter Number							
Value							

**V. PRETREATMENT AND LOCAL LIMITS**

1. Pretreatment Program. Does this facility have an approved pretreatment program?

☒ Yes (complete item 2 - 4) ☐ No (go to Section VI)

2. Is this facility required to establish local limits?

☒ Yes ☐ No

3. Are the local limits technically-based?

☒ Yes ☐ No

4. Has a technical evaluation of the need to revise this facility's local limits been completed?

☐ Yes ☒ No

If yes, attach a copy of the evaluation)

If no, a copy of the evaluation must be submitted within ninety (90) days of the effective date of your permit.

**VI. BIOLOGICAL TEST DATA (BIOMONITORING)**

1. Does the current KPDES permit require biological testing and reporting?

☒ Yes ☐ No (Complete Item 2)

2. Has biological testing been performed on the POTW effluent?

☒ Yes ☐ No

If yes, attach a copy of results and lab sheets.

(Note: POTWs with flows greater than or equal to 1.0 MGD or POTWs with an approved pretreatment program which receive industrial waste must submit biomonitoring results before the application is deemed complete.)

**VII. CERTIFICATION**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

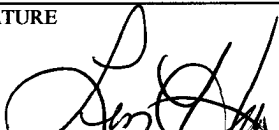
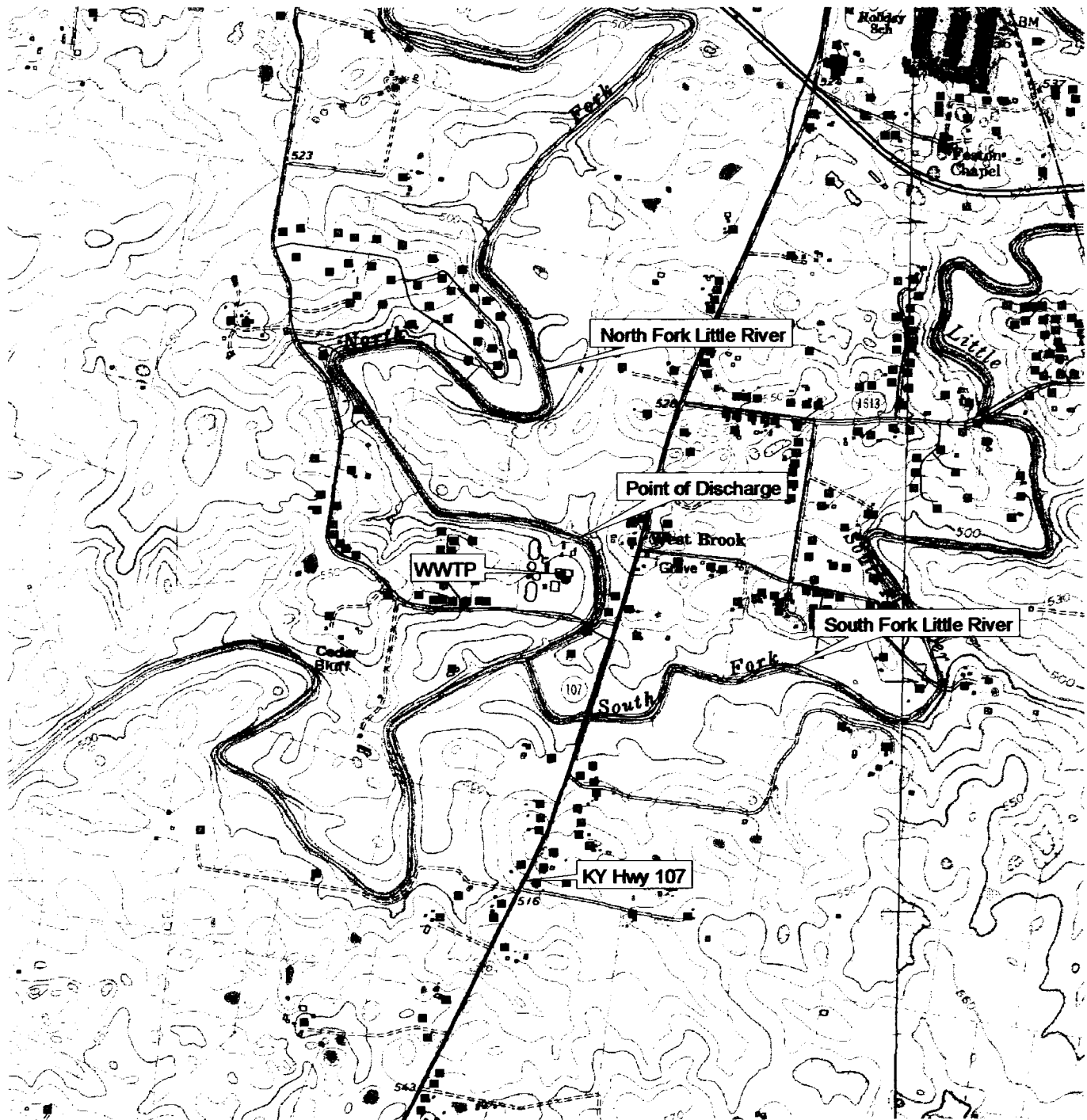
NAME AND OFFICIAL TITLE (Type or Print)	PHONE NO. (Area Code and Number)
Len Hale, General Manager	(270) 887-4240
SIGNATURE	DATE
	June 30, 2003

Exhibit A  
Hammond Wood Wastewater Treatment Plant  
Hopkinsville Water Environment Authority  
25 June 2003



Scale: 1" = 2000'



Legend:

- Transportation CL [050103]  
 STATE HWY AGENCY  
 COUNTY HWY AGENCY  
 MUNICIPAL HWY AGENCY  
 MILITARY RESERVATION  
 PRIVATE  
 STATE PARK  
 E 911 Point [060103]  
 Structure  
 Hydrographic Centerline  
 Hydrographic Boundary  
 Christian County

HWEA Archive Data:  
 Project: master.apr  
 View: christian county  
 Layout: 062503 usgs at h\_wood



May 11, 2003

Mrs. Jenny Moss  
HWEA  
P.O. Box 628  
Hopkinsville, KY 42241

Dear Mrs. Moss:

The report of the results of the chronic definitive toxicity test conducted on the Hammond Wood final effluent composite samples collected from May 27 to June 2, 2003, is presented in Appendix A. The test organism was *Ceriodaphnia dubia*.

There were no significant effects on *C. dubia* survival or reproduction. The data yielded a No Observed Effect Concentration (NOEC) of 100 percent and a Lowest Observed Effect Concentration (LOEC) of >100 percent. The IC25 was estimated as >100 percent. The chronic Toxicity Unit was estimated as 1.00 TUC (permit limit is 1.06 TUC).

If you have any questions, please contact me at (615) 345-1115.

Sincerely,

ELAB

Herbie M. Johnson III  
Group Leader  
Aquatic Toxicology Laboratory

Enclosures

**ELAB, Inc.**

P.O. Box 468 • Ormond Beach, FL 32175  
8 East Tower Circle • Ormond Beach, FL 32174  
Phone: 321-673-5000 Fax: 321-673-4001

**ELAB of Tennessee, LLC**

227 French Landing Drive  
Nashville, TN 37228  
Phone: 615-345-1115 Fax: 615-846-5426

**ELAB, Inc.-Puerto Rico**

PMB-494, P.O. Box 607061 • Bayamon, PR 00960  
Road 174, BLQ 11-#14/15 • Santa Rosa, Bayamon, PR  
Phone: 787-787-0866 Fax: 787-787-5126



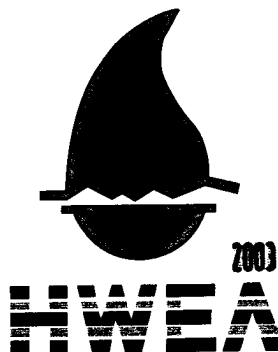
# Hopkinsville Water Environment Authority

401 East 9th Street • P.O. Box 628 • Hopkinsville, Kentucky 42241-0628

Len F. Hale  
General Manager

Phone (270) 887-4246

Fax (270) 887-4244



2003 JUL -7 P 1:00

June 30, 2003

RECEIVED BY KPDES BRANCH

Mr. Courtney Seitz,  
Inventory and Data Management Section  
KPDES Branch  
Division of Water  
14 Reilly Road  
Frankfort, Kentucky 40601

Subject: KPDES# KY0066532  
Hopkinsville Hammond Wood WWTP  
Christian County, Kentucky

Mr. Seitz,

Please find enclosed two copies of the Hammond Wood Wastewater Treatment Plant's KPDES permit application.

Should you have any questions or require any additional information, please contact our office at (270) 887-4147.

Sincerely,

  
Len Hale  
General Manager

Jkm

Enclosure – KPDES Permit Application